

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/423131		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				61						
2		1		1			62						
3		2		1			63						
4	1		1				64						
5		1		1			65						
6		1		1			66						
7		2		1			67						
8		(1)		1			68						
9	1		1				69						
10	1		1				70						
11							71						
12							72						
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37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	4		4				TOTAL IND.						
TOTAL DEP.	8		6				TOTAL DEP.						
TOTAL CLAIMS	12		10				TOTAL CLAIMS						